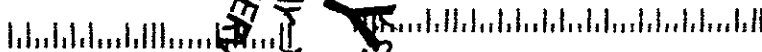


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK
U.S. DISTRICT COURT
Rm. 326, U.S. Courthouse
5th & Walnut Streets
Cincinnati, Ohio 45202

C-1-02-486 Doc. #76 SL



- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DENNIS PONTRE #280-895
SOUTHERN OHIO CORRECTIONAL FACILITY
P.O. BX 45699
LUCASVILLE, OH 45699

A. Signature		<input type="checkbox"/> Agent
x <i>Dennis Pontre</i>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
	10-9-03	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number (Transfer from service label)

7003 1680 0000 0330 3057